#### N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH	2214 STATE OF MARYLAND
county Howard	CERTIFICATE OF DEATH
£ 10' a. 9	Registration Dist. No. 191
Village or City Colleges (No. No. Sar	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH / 1915 (Month) (Day (Year)
6 DATE OF BIRTH Soit Know,	Jan 30 1915 to Jan 31 1915
7 AGE (Month) (Day (Year)  7 AGE If LESS than 1 day,hrs. 0R min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work  Cabarer.	Lober Reumonia
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country)	Secondary (Burston)
10 NAME OF FATHER John Barber	(Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) Jon Know  12 MAINTER (STATE OF NAME OF MOTHER OT MOTH	State the DISEASE CAUSING DEATH, or, in deaths from VOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SHIPPING OF HOMELING.
a Son / Enow	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) And Know-	At place In the of death yrs mos ds State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or
(Address) Catonsnille	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed 1-3 1915 Blacker for	30 UNDERTAKER ADDRESS
REGISTRAR	Caston Jons Collication

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

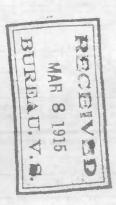
Da Sambrill

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b)cases, especially in industrial employments, it is uce-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mitt; (a) Salesman, (b) If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

vatvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerpenal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakuess," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head lnjury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgleal operation was undertaken. For viochildbirth or miscarriage as "Puenperal septichaecause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlou," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seulle," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," Never report



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Instructions

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UPATION

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No..... It death occurred in St:....Ward) a hospital or Institution. give Its NAME Instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than and that death occurred on the date stated above, at //. TAGE f day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed)..... 11 BIRTHPLACE ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENrama TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the OF MOTHER (State or country) Sfafe yrs, mos, ds. of death ...... yrs. ..... mos. ..... ds. Where was disease contracted. OF MY KNOWLEDGE If nof af place of death? Former or usual residenca. DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As exampies: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, (0)

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia;); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aect-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection peed not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ..... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very

may be properly classified. Exact statement

should be

AGE

carefully supplied.

DEATH in plain terms, so that it m See instructions on back of certificate.

N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s

important.

A PERMANENT stated EXACTLY. 1 PLACE OF DEATH

County Howard



2216

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registra	ation	Dist.	No	7
			/	

a hospital or institution

	FULL NAME Olizabeth	Cassidy give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	emale White Single,  MARRIEO, Midow oroly oroly or oly oly or oly or oly oly or oly oly or oly	16 DATE OF DEATH  (Month)  (Day (Year)  17  1 HEREBY CERTIFY, That Lattended deceased from
	ATE OF BIRTH  Nov. 2' (Month) (Day (Year)	## 16 , 1915, to Feb 19 , 191/5, that I last saw here alive on Feb 19, 191.5.
7 A	83 yrs 2 mos 28 ds. 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a pa (b) bus	OCCUPATION ) Trade, profession, or ricular kind of work  General nature of industry, iness, or establishment in	(Ouration) yrs mos 3 ds
-	IRTHPLACE (State or country)  10 NAME OF TOTAL PARTIES  10 NAME OF TOT	Contributory Secondary  Ouration  yrs mos ds.  (Signed)
PARENTS	11 BIRTHPLACE OF FATHER (State or country) maryland  12 MAIDEN NAME OF MOTHER Casande Clask  13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL,  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Sont Know THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Samuel Radeliffe (Address) Ellieoth leity	At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  AND ALL PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  19 PLACE OF BURIAL DATE OF BURIAL DAT
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.-S. No. 1.

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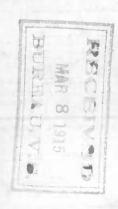


[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many oecnpations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-prospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic scpsis, tctanus) may be stated under the head of injnry, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL poritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convnisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease cansing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of Never report eanse for



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING RESERVED MARGIN

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N.B.

PLACE OF DEATH

Village or City Lenwood (No.	CERTIFICATE OF DEATH  Registration Dist. No. 193  [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Carmina Don	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH F.L. 177, 191.5.  (Month) (Day) (Year)
B DATE OF BIRTH  (Month) (Day) (Year)	Tel 14th, 1914, to Feb. 1815, 1915, that I last saw h. 201 alive on Held 16 th, 1915
7 AGE   if LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.    Consider the particular kind of work   Proceedings   Proceedings   Proceedings   Procedure   Pro	Gremmia
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Lukerculuzio. mos. 4 ds.
(State or country) Hudinick Country, Md.	(Secondary)  (Duration) / yrs. mos. ds.
on 11 BIRTHPLACE	(Signed) Jelliam Jyak , M. D. + 17, 1915 (Address) Survivor M. D.
Z (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Hany land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds, State yrs, mos. ds,
(informant)	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Slemman, Mills.  16 FILE July. 17, 1915 J. W. Lacy.	M. Carnel Ceme ten March 6 4 197, 91.5  20 UNDERTAKER MARCH ADDRESS .
If more blanks are needed, address State Registrar	G. E. Franklin St., Balto, Requesting V. S. No. 1

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In all the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septicharetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailg cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Hart fallure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ... ture of the American Medical Association.) such, if impossible to determine definitely. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples: For vio-



V. S. No. 1.

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Filed Feb. 19, 1915

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1 PLACE OF DEATH

2218

(Year)

If LESS than

1 day,....hrs. OR ..... 7

REGISTRAR

16 DATE OF

Contribu Seconda

\*State CAUSES, S 16 LENGTH At place of death ..... Where was dis If not at place Former or usual residenc

(Signed).....

#### STATE OF MARYLAND CEDTICICATE OF DEATH

CERTIFICATE OF DEATH
Registration Dist. No. 193.
St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
Month) (Day (Year)
I HEREBY CERTIFY, That I attended deceased from
who had stated above, at m,
OF DEATH & was as follows:
at a state of moulds
(Duration) yrs mos, ds.
tory
(Buration) yrs mos ds.
84, 1915 (Address) Leton Ild
the DISEASE CAUSING DEATH, or, in deaths from VIOLENT tate (1) MEANS OF INJURY; and (2) whether ACCIDENDAL, or HOMICIDAL.
OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, T RESIDENTS)
ease contracted to hos land when his
died formsly fifly year

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The question

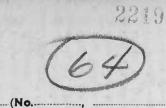
Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma. etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness." thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Inmor" for malig cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerreral septichueetc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "lnanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection necd not be stated unless important. ture of the American Medical Association.) sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS PIODOBNI which snrgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhanstion," Never report cause for



N. B.-

PLACE OF DEATH
County Horrand
Village or City Eex Riage



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	190
Registration	DISL.	140	

CL	 387	Alexand \	
31.	 .w	aroi	

[If death occurred in a hospital or iostitution, give its NAME instead of street and number.]

²FULL	NAME.	Peter	Lorsey
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PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Glack Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
Morth (Month) (Day (Year)	Telegraphy 1915, to Jely 25, 1915, that I last saw him alive on Jely 25, 1915
7 AGE Said to be If LESS that 1 day,hr 68 yrs mos ds. OR min.?	and that death occurred on the date stated above, at 10 20 mm,
8 OCCUPATION (a) Trade, profession, or particular kind of work	
business, or establishment in which employed (or employer)	Contributory Secondary
(State or country) Prince George Co., Md.  10 NAME OF FATHER Not Known	(Signed) Mm P. Earcks M. D.
11 BIRTHPLACE OF FATHER (State or country)  Noh Known	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER NOT Known	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  14	At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Jedve Green	If not at place of death?  Former or  usual residence
(Address) Eex Ridge Mc 15 Flight Jel 27 1918 Mr. P. Eareckson	3000 Caneler DATE OF BURIAL  March 1-, 1915  20 UNDERTAKER  ADDRESS
REGISTRAR	Chas A. P. Early EckRidge (strar, 6 E. Franklin St., Baito, Represting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second been changed or given up on account of the disease I'or many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds., Ex



RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

V. S. No. 1.

N. B.

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 790

St.; -Ward) [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PER	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fon ale	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 2 2 , 1916 . (Month) (Day (Year)
6 DATE OF BI		I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw hely alive on Til 2, 1910
7 AGE	SO yrs mos ds. It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 20 7/m. The CAUSE OF DEATH* was as follows:
a) Trada, profes	ssian, or	
9 BIRTHPLAC (State or State or	stablishment in (or employer)  E country)  Pa  Top Januith Bryun	(Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  *State the Disease Chusing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTH OF MG (Stat	other te or country)	At place In the ot deathyrs,mosds. Stateyrs,mosds Where was disease contracted,
(lotormant)-	John Dunkerly	Former or usual residence
(Addres	323, 1915 Mr.R. Earockom	Jeon Cemeter Aorsey Fel 6, 1915  20 UNDERTAKER  MM J. Sickney V Long Baltiman
14 THE ABOVE (Informant)— (Address	other te or country)  E IS TRUE TO THE BEST OF MY KNOWLEDGE  Solution Dunkerla  Solution Register R. J. D.  Bels Recige R. J. D.  REGISTRAR	At place In the ot death yrs. mos. ds. State yrs. mos. Where was disease contracted, it not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL GROWN Jel. Co.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

childbirth or miscarriage as "Puerperal septichacoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report probably



1		should state
•	RECORD	PHYSICIANS of OCCUPA
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.		CAU

1	PLACE	OF	DEATH

County Howard

Village or City



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.....

St.;---Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Leon Dyson

Ellicott City

	PER	SONAL AND STATISTIC	CAL PARTICULA	ARS	MEDI	CAL CERTIFICATE O	F DEATH	
3 se	le.	4 COLOR OR RACE White	Single, MARRIED, WIDOWED, ORDIVORCED (Write the wo	ingle	16 DATE OF DEATH	February (Month)	(Day	, 191 5 (Year)
6 DATE OF BIRTH			Jan. 2800	BY GERTIFY, That	131	1913		
		(Month)		, /914 (Year)	that I last saw h.	allye on you	c, 3/	, 1915
7 A C	G E	yrs 2	mos,ds.	If LESS than 1 day,hrs.	and that death occurr The CAUSE OF DEAT		above, at_5	A.m.
7) (a) par	CCUPATION Trade, profess rticular kind ot	sian, or I work	***************************************		Bros	ncho-In	ellmo	uie)
busi	iness, or est ch employed (		θ	*************************	00000000000000000000000000000000000000	(Duration)	yr8.,	mos. 10 ds.
9 B	RTHPLACE (State or o	country) Maryl	and		Gontributory Secondary	(Burotian)		
	10 NAME OF Lawrence Dyson		(Signed)	Myselle	nbúl	M.D.		
ENTS	11 BIRTH OF FA (State	PLACE ATHER or country) Maryl	and		6de-4- 12- De	(Address) Blle	in deaths fr	tiel TOLENT
PAREN	12 MAIDE OF M	N NAME Annie	May Clar	rk	TAL, SUICIDAL, or H	MEANS OF INJURY: AI	id (2) wheth	ier Acciden-
		or country) Mar	yland		At place of death yrs	in the mos ds. State		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Lawrence Dyson (Father)			Where was disease contractif not at place of death? Former or usual residence	ted,	7 di 	***************************************		
15	(Address	Ellicott C	ity, Mary	yland	19 PLACE OF BURIAL	OR REMOVAL	Ceb 3	IURIAL 1915
File	00 2 -	3,1915 6	30/124	REGISTRAR	20 UNDERTAKER COLLE	2 Low	ADDRESS	y lite

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer statement. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," As examples: 6

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of "Exhaustlon," For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

.—Every item of information should be carefully supp CAUSE OF DEATH in plain terms, so that it may Important. See instructions on back of certificate.

N. B.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

1 PLACE OF DEATH	2222 STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
	Registration Dist. No. 190
Village or City Elk Redge (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2FULL NAME Trage	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
In ale The Word (Write the word)	(Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH 8 2	309 Fin 4 191 to Find by 1913
7 AGE If LE	that I last saw h slive on
(a) Trade, profession, or particular kind of work.  (b) Generat nature of industry, business, or establishment in	(Ouration) - yrs mos 68
which employed (or employer)  **BIRTHPLACE* (State or country)  **Mod	Contributory Secondary
10 NAME OF FATHER Unknown	(Signed) Parson Tonge, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Unform	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted.
(lotormant) The BEST OF MY KNOWLEDGE	If not at place of death?————————————————————————————————————
(Address) // 8 / 37 & hard	Se Mary Coucley, Feb. 17, 1915
Filed Fele 15 1915 / . R. Careck	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

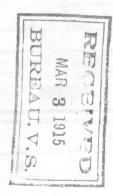
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF 110MICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion,"



BINDING FOR MARGIN RESERVED

V. S. No. 1.

PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that It may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

1 PLACE OF DEATH	STATE OF MARYLAND
1100 11	CERTIFICATE OF DEATH
County	Registration Dist. No. 190
Village or City 2lh Nily (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Word)	16 DATE OF DEATH  LA S , 1913  (Month) (Day (Year)
8 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h. Line allive on Tet 8 , 1915.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1130 Pm.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 6 ds
9 BIRTHPLACE (State or country) worsland	Gontributory Poul Secondary (Ouration) yrs mos 6 ds
10 NAME OF Bedrie Green	(Signed) Withur Williams, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Mary Lonis	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDIA OF HOSTONIA OF HOS
12 MAIDEN NAME Prayer Lonis	TALL, RETEINAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  World	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) 3 Live Gree	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Sepringe and	Prove A M. E Control Jebon 11th 1918
Filed Jels 10 ,191 5 Registrar	20 UNDERTAKER Chas A. R. Earp Elk Ridge

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of agetion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsts of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of "Exhaustion," For VIO-



PERMANENT

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

NB

PLACE OF DEATH  County Howard 2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 195
Village or City High Singe (No. Many)	St.; Ward)  [If death occurred le a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  CLEUKEL 6 WYLL  1, 1	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from Feb. 6, 1915.  that I last saw h & alive on Jeb. 4, 1915.
(Month) (Day (Year)  7 AGE  Ultural Too yrs mos ds. OR min.?	and that death occurred on the date stated above, at 1.3a. a.m. The CAUSP OF DEATH* was as follows:  Chronic Endocardite
particular kind of work	Contributory Pharitis Abrolis (Ouration) yrs & mos ds.  Secondary (Ouration) yrs 3 mos ds.
10 NAME OF FATHER  Muffenowa  11 BIRTHPLACE OF FATHER (State or country)  Mas because	(Signed) Joe Stautt, M. D. Fible, 1916. (Address) Laurel Dud
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  LOGGER STATES OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.
16 File 6 1915 Sury 4 Clarke	19 PLACE OF BURIAL OR REMOVAL  DION HILL CELLY Mingris, 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Groecry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b)Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persous return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

ample: Measles (disease causing death), 29 ds.; "Collapse," "Coma," "Convulsions," "Debility" ("Congcuital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemla" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Can-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Maras-Bronchopneumonia (secoudary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



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RECORD

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred is St.:....Ward) a hospital or institution, give its NAME Instead of sfreet and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, (Month) (Write the word) (Day I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF PARENTS 11 BIRTHPLACE f910 (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs, \_\_\_ Where was disease contracted. If not at place of death?. Former or usual residence DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

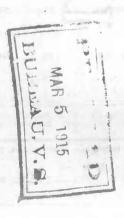
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. eated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

eause of death approved by Committee on Nomenelaschsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for ete, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably wluch surgical operation was undertaken. childbirth or misearriage as "Puerperal septichac-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-"Exhaustion," For Vio-



V. S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD Every item of information should be carefully supplied. AGE should be stated EXACTLY. ICAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every Item of information should be CAUSE OF DEATH in plain terms, s

2226

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

[If death occurred la a hospital or Institution, give Its NAME Instead ot street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pan Share	ATE OF BIRTH  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  4 COLOR OR RACE  6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  6 (Month)  6 (Day (Year)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  1917, to 1917, to 1917  that I last saw has alive on 1917  and that death occurred on the date stated above, at 250 Pm  The GAUSE OF DEATH* was as follows:  (Duration) Jrs. 305 3  Contributory Secondary  (Duration) Jrs. 305 3  (Signed) Flay (Duration) Jrs. 305  (Signed) Flay (Address) Libert Jacobs
PARE	12 MAIDEN NAME OF MOTHER DANK Know  13 BIRTHPLACE OF MOTHER (State or country) Day / Know	*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs mos ds
	Informant) Dusy Purnell	of deathyrsmosds. Stateyrsmosds Where was disease contracted, It not at place of death? Former or usual residence.
16	(Address) Cellicott City	Thours Oliver Jeb 9 1910
FILE	00 V- 9,191.5 (1) Maller 16	SUNDERTAKER P APDRESS,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who pecive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," anqualified, is indefinite): Tuberculesis ungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, telanus) may be stated under the head injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopnoumonia (secondary), 10 ds. is less definite; avoid use of "Thmor" for mailg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



See Instructions on back of certificate.

Important.

15

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No.

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(Address)

		2227	
	'PLACE OF DEATH	STATE OF MARY	LAND
	Harry O	CERTIFICATE OF	DEATH
G	ounty Woward	Registration Dist.	No. 192
٧	illage or City Noodstock (No	Zeuny St.; Ward)	[It death occurred is a hospital or Institution give its NAME Instead of sireet and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
351	1 ale this wind Maried  (Write the word)	16 DATE OF DEATH (Month)	23, 195 (Day) (Year)
6 D	ATE OF BIRTH   (Month) (Day) (Year)	that I last saw h Angalive on Fel	23 1915
7 A		and that death occurred on the date stated abo	ve, at 430P m
(a)	Trade, profession, or Ribered array Officer	Ceretal Hemor	chast
bus	General nature of industry, iness, or establishmeot in ch employed (or employer)	(Ouration) y	rsds
9 8	RTHPLACE (ate or country) Whio America	(Secondary)	instance of the second
	10 NAME OF David Full W.B.	(Signed) Shipling	, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Reserved y Compare a.	*State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2)	eaths from Vrozwym
PAR	13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTOR RECENT RESIDENTS)  At place in the ot death yrs. mos. ds. State	TUTIONS, TRANSIENTS
14 <sub>T</sub>	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?————————————————————————————————————	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

29 UNDERTAKER

REMOVAL

emetery

DATE OF BURIAL

APDRESS

Woodstock

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

Shuping Paul Oper - 9-19

childbirth or miscarriage, as "PUTERFERAL septicharcause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .... ture of the American Medical Association.) dent; Revolver wound of head-homicide; Polsoned which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Examples:



V. B. No. 1.

	1 PLACE OF DEATH	2228 STATE OF MARYLAND
Co	unty Howard 8	CERTIFICATE OF DEATH  Registered No
Vi	Hage or City Sy Kesvelle (No	St; Ward)  [If death occurred is a hospital or institution give its NAME instead of street and number.]
==	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	I source of	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  January  191, to flebring 2, 1915  that I last saw here alive on full 2 2224, 1915
(a) par (b) bush whice		and that death occurred on the date stated above, at a many many many many many many many ma
PARENTS	10 NAME OF PATHER PASSIFIED STATES ST	(Signed) Sauce S. Mresse, M. D. M. D
15	(Address). Sy Keswille 1  REGISTRAR	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OF REMOVAL  APPRENT OF BURIAL  20 UNDERTAKER  APPRESS  Allsinger Von Clicox Color

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second first line will be sufficient, e. g., Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpreral septichaecause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 ds.; cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malleture of the American Medical Association.) which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3 1145 45



	PLACE OF DEATH	2229 STATE OF MARYLAND
Cou	nty lace of 15	CERTIFICATE OF DEATH
		Registration Dist. No.
Villa	age or City (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MENIAL DESTINATION OF THE PROPERTY OF THE PROP
2		MEDICAL CERTIFICATE OF DEATH
3 SE	COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED OWNED OWNED	16 DATE OF DEATH (Month) (Day) (Year)
6 0 0	(William She world)	17 " we will HEREBY CERTIFY, That I attended deceased from
· D#	(Month) (Day) , 19/4	that I last saw halive on
7 A C		and that death occurred on the date stated above, atm.
	yrs, mos. ds. OR min.?	The CAUSE OF DEATH & was as follows:
(3	CCUPATION  1) Trade, profession, or ribular kind of work	Jononie manne
bu	o) General nature of industry siness, or establishment in nich employed (or employer)	(Duration) yrs. mos. ds.
9 B	IRTHPLACE (State or country)	- Contributory Secondary
	10 NAME OF FATHER	(Signed) (Buration) yrs. mos ds.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUMNO DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
u.	13 BIRTHPLACE OF MCTHER (State or country)	OR RECENT RESIDENTS) At place in the formal death formal
14 <sub>T</sub>	HE ABOVE IS TRUETTO THE BEST OF MY KNOWLEDGE	Where was disaase contracted, If not at place of death?
	(Informani)	Sual residence  SP PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
15	(Address)	TENOMAL ON REMOVAL OATE OF BURIAL
	ed 7-77, 1915 USH allustons REGISTRAR	Thomas Pluis Colleget til
1.	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. I.

[Approved by U. S. Consus and American Public Health Association.]

who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Loborer write None. business, that fact may be indicated thus: Furmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully mill; (a) Salesman, (b) Grocery; (a) Foremon, taken to report specifically the occupations of persons mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locamotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--C'oal minc, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetonus) may be stated suicide. heod-homicide; Poisoned by corbolic acid-probably Struck by roilway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning. SUICIDAL, or nomicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonities," etc. State cause for which birth or misearriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report merc Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. ncphritis, ctc. cough; Chronic valuular beart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The centributory (secondary or intercur-"Dropsy," "Exhaustion,"



V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important, See instructions on back of certificate.

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution, give NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Semale Color of RACE Single, MARRIED, Single ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That Lattended deceased from
(Morth) (Day (Year)	that I last saw h & alive on ful 6, 1915.
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 1 Ph. m.
yrs 6 mos 7 ds 0R min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Trade, profession, or particular kind of work	Menunailis
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs mos 7 ds.
9 BIRTHPLACE (State or country)	Secondary Ovikian Sattura
10 NAME OF Stephen Snowden	(Signed) Duration yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Y 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
a Cemma Dorsey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Mary land	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Elmund Surveley	Former or usual residence
(Address) Granglandon dely	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	mount Suilles 1:el 9 1916
Filed 2 - 9 1915 (191)	20 UNDERTAKER ADDRESS
REGISTRAR	Conston Jons Collient bit
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tlon is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease eausing dearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or misearriage as "Puerperal septichae-mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertalned as the "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Deblilty" ("Con-Bronchopneumonia (secondary), 10 ds. "Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



S. No. 1.

N. B.

PHYSICIANS should state of OCCUPATION is very Exact statement properly classifled. CAUSE OF important.

RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH See instructions 1 PLACE OF DEATH

County Howard



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 190

St.;----Ward)

[If death occurred in a hospital or lostitution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 51	Cale Race Single, Married, Widowed, Orbitorect (Write the word)	16 DATE OF DEATH  Jehry 4, 1912  (Month) (Day (Year)
G DATE OF BIRTH  Jebruan H, 1915  (Month) Day (Kear)		that I last saw h. Oldslive on born 191
TAC		and that death occurred on the date stated above, at 230 A.m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.		1 Semaline Virth
(b) General nature of industry, business, or establishment in which employed (or employer)		(Ouration) yrs mos ds.
(State or country) Elk Redal, Md.		Contributory Secondary
S	10 NAME OF Milton Taylor	(Signed) MmR. Eareckson, M. O.
PARENTS	OF FATHER (State or country) Horrand C. Md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	12 MAIDEN NAME Rannie Robinson	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country)  Maryland	At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) & Multon Jaylor		Where was disease contracted, If not at piace of death? Former or usuai residence
Filed Feb Ht 1915 MMR. Eareckon 20 UN		Preserved for JA, U. Med Schaals
	REGIATRAR	·



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



WITH

Very OCCUPATION PHYSICIAN RECORD 0 statement PERMANENT classifie 0 THIS proper INK UNFADING may certifica 80 0 Ä back pino termi plain Instructions c EAT WRITE See 0 0 Item OF mportant. Every It m

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in -Ward) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) If LESS than and that death occurred on the date stated above, 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment la (Buration) which employed (or employer) ..... 9 BIRTHPLACE Contributory. Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_ yrs. \_\_\_ mos. Where was disease contracted. If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL -DATE OF BURIAL 15 UNDERTAKER APDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meminges, peritonaeum, etc., Carcin-

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